KING Aquatic Club Boosters Association
PO Box 25459
Federal Way, WA 98093

Financial Aid Application 2025-2026 Season

The KING Boosters Association offers a limited amount of need-based financial assistance through its Financial Aid Program. This program is administered by the KING Boosters Executive Board (President, Treasurer, and Secretary). All applications will be handled with strict confidentiality.

Applications are seasonal (September through July) and must be resubmitted each season. Due to limited funding, families are encouraged to apply early; applications will be considered in the order they are received. Applications are accepted from the start of registration until all designated funds have been committed for the season. The goal of the KING Boosters Financial Aid Program is to make swimming accessible to as many youth as possible.

KING Boosters Financial Aid may be granted to cover up to 75% of the monthly KING Aquatic Club, LLC dues. The Executive Board will review all submitted documents and determine the percentage of monthly dues to be covered for each applicant, based on financial need, the number of expected applicants, and available seasonal funds.

KING Boosters Club Financial Aid Does Not Cover:

- USA Swimming or KING Aquatic Club annual registration fees (non-refundable)
- Equipment or attire
- KING or pool/group social activities
- KING Premier programs or additional clinics
- Meet entry fees; assistance may be applied for separately with Pacific Northwest Swimming's "Outreach Fund".

To remain eligible for financial aid, families must meet or exceed workshare hour requirements, as set by their swimmer's practice group. Additionally, swimmers must meet or exceed the attendance requirements of their practice group. Adjusted monthly dues must be paid on time and in full to KING Aquatic Club, LLC.

Financial aid awards are determined based on applicant need, fund availability, and Executive Board approval. A completed confidential application, including supporting documentation, is required for consideration. Aid may be adjusted during the season based on changes in financial need.

Please submit the completed two-page application and verifying documents to the below emails. Documents may also be submitted via mail.

- president@kingaquaticboosters.com
- treasurer@kingaquaticboosters.com
- secretary@kingaquaticboosters.com

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Documents may also be submitted via mail.

Request for Financial Assistance

This is a confidential document. Information will only be released between applicant(s) and the KING Boosters Association Executive Board

Applicant Name:
Address:
Phone:
Email:

Swimmers Name:
Coach:
Training Group:
Date Started with KING:

Please attach the following:
1. A written explanation describing your family's circumstances at this time.

2. Proof of participating in or qualifying for one of the following programs:
   - The federal reduced hot lunch program
   - SNAP (food stamps)
   - WIC (Supplemental Nutrition for Women, Infants and Children)
   - FDPIR (Food Distribution Program on Indian Reservations)
   - TANF (Temporary Assistance to Needy Families Program)
   - Section 8 low income housing
   - Washington's Apple Healthcare
   - SSI (Supplemental Security Income)
   - JOBS (Job Opportunities and Basic Skills)
   - YMCA/Parks Department low income memberships

OR
   - Proof of a special situation status (such as foster child, homeless, runaway, or migrant)

OR
   - Proof of income (Federal tax return or similar), showing total family/household income falling below 250% of the National Poverty Level.

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I, _____(applicant name) understand and agree to the following:

1. All information provided is true and complete to the best of my knowledge.
2. Recipients of financial assistance must fulfill service hours requirements as specified in the King Boosters Association Workshare Policy.
3. Recipients of financial assistance are expected to maintain practice attendance requirements.
4. Additional information and/or documentation may be requested prior to determining if assistance will be granted.
5. There is no guarantee that the King Boosters Association will be able to grant any request.
6. King Boosters Association Executive Board may elect to change or terminate financial assistance if circumstances require such action.

Signed_____

Date_____

King Boosters Executive Board Use Only

Approved Declined	% Aid Awarded	Monthly Dues	Treasurer Signature	Date